PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

10/709056

TOTAL CHARGEABLE CLAIMS minus 20= INDEPENDENT CLAIMS minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter °0° in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS FEMAINING AFTER AMENDUENT Total Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM MINUS MINUS MINUS FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM MINUS	RATE FEE ASIC FEE 395.0 75 700 F-1.80 MALL ENTITY ADDI	{	×200	FEE 790.00
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INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter *0* in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS AFTER PREVIOUSLY PAID FOR Total 13 Minus - 20 = Independent 2 Minus - 20 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ADDITIONAL ADD	F-180 FOTAL MALL ENTITY ADDI	OR	x 200	
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter *0* in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS HIGHEST NUMBER PRESENTY PAID FOR Total 13 Minus PAID FOR * Independent 2 Minus PAID FOR * FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * ADS	F-180 FOTAL MALL ENTITY ADDI	OR	x 200	
*If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PRESENTY PREVIOUSLY PAID FOR Total 13 Minus - 20 = 1 Independent 2 Minus - 20 = 1 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	F/80 FOTAL MALL ENTITY ADDI	OR		1
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 4	(25)	OR	×50.	
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ADO	180	OR	+360	7
•	TOTAL		TOTAL ADDIT. FEE	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.		OR	+360	
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Independent • Minus ••• ×	(100	-	1,200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		OR		
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADD ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter ""."	180	OR	+360	